		CLAIMS AS	FILED -		(Colur	mn 2)	SMA TYPE		YTITY	OR	OTHER	
TO	TAL CLAIMS		49		1000			TE	FEE		RATE	FEE
FOR			NUMBER	FILED	NUMBER EXTRA		· -	FEE	355.00	OB	BASIC FEE	
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IND	EPENDENT CL	AIMS	3.0	nus 3 =			-			OR		5 22
		DENT CLAIM PE	A	1000-	1_3_			X40=		OR	X80=	240.0
			-				+1:	35=		OR	+270=	
· II ·	the difference	in column 1 is	ess than ze	ro, ente	r "0" in c	olumn 2	ТО	TAL		OR	TOTAL	147
(<u></u>	· · · · · · · · · · · · · · · · · · ·	Laims as a	WENDE			40-1		A1 1	ENTITY	∩B	OTHER SWALL	THAN.
	11 年 11 日本	(Column:1) & CLAIMS	F.32406-1	HIGH	mn 2) IEST	(Column 3)] [ADDI-		JIMALL	ADDI
ENT A		REMAINING: AFTER MAMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA	R/	TE	TIONAL FEE		RATE	TIONA
3	Total	· · · · · · · · · · · · · · · · · · ·	Minus		19	-24	X\$	9=	1 1 1 m	OR	X\$18=	433
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ENTIC		AFTER AMENDMENT		PREV	MBER TOUSLY D FOR	PRESENT EXTRA	R/	TÈ '	ADDI TIONAL FEE	100	RATE	ADD TION FEE
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۰,۰۰۰	If the entry in colu	ımın 1 is less than I	the entry in co	lumn 2, wr	ite "0" in co	lumn 3.	L	OTAL	<u> </u>	OR	TOTAL	<u></u>
2 10	if the Highest N	imber Previously P	aid For IN Th	HIS SPACE	E is less th	an 3, enter "3."	o. ADDI	r. FEE	L		ADDIT. FEE	L.
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